Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

09/384072

							- 			
		(C	AIMS AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
FC	PR	NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE
ВА	SIC FEE	12 10 4			, AM		380.00	OR		760.00
то	TAL CLAIMS	3)	minus 2	0= * 17		X\$ 9=		OR	X\$18=	306
	EPENDENT CL		minus 3	3 = *		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If	the difference	TOTAL		OR	TOTAL	1066				
	CI	SMALL ENTITY OR			OTHER THAN SMALL ENTITY					
ENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AMEI	Independent	*	Minus	***	=	X39=		OR	X78=	
\vdash	FIRST PRESE	N FATION OF MU	JLTIPLE DEP	ENDENT CLAIM		+130=		QR	+260=	
						TOTAL		OR	TOTAL ADDIT. FEE	-4
		(Column 1)		(Column 2)	(Column 3)	AUDII. FEC		•		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	=	X39=		OR	X78=	
H	FIRST PRESE	NIATION OF MI	ULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
L		(Column_1)		(Column 2)	(Column 3)			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM	1	.120		1	1260	
	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2, write "0" in c	olumn 3.	+130= TOTAL		OR	+260= TOTAL	
**	If the "Highest Nu *If the "Highest Nu	mber Previously Particular Previously Previo	aid For" IN THI aid For" IN THI	S SPACE is less the S SPACE is less the Independent) is the	an 20, enter "20." an 3, enter "3."	ADDIT. FEE	propriate bo	OR x in co	ADDIT. FEE	
1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	•	•			

This Form is for INTERNAL PTO SE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/384072

Total Fee Calculation

<u>.</u>	Fee Code	Total # Claims	Number Extra	x	Fee	Fec	=	Total
•	Sm./Lg.				Sm. Entity	Lg. Entity		7
Basic Filing Fee	201/101	0.4					=	160
Total Claims >20	203/103	-20 =	/	X		·	= .	30 b
Independent Claims >3	202/102	-3 =		X			= `	
Mult. Dep Claim Present	204/104				·		=	
Surcharge	205/105						=	(30/6)
English Translation	139							
TOTAL FEE CALCUL	ATION							1196
Fees due upon filing	the application	1:						
Total Filing Fees Du	e = \$_	1/9/6						
Less Filing Fees Sub	omitted -\$_	6	<u>.</u>					
BALANCE DUE	= \$ _	1196						
Smc								
Office of Initial Pate	nt Examinatio	n				••		